

Mission to Belsen 1945

ALEX PATON

"Why aren't you joining up? Are you a conscientious objector?" asked the legendary "Big Bill" Thompson when I went for interview at St Thomas's in 1941, at the tender age (in those days) of 17. He seemed satisfied when I replied that my father was a regular soldier. In spite of Home Guard and treating the casualties of the London blitz, we medical students were conscious of our privileged position, and a few did in fact leave for the Services. When in 1945 an opportunity arose to help we seized it eagerly.

Not Holland . . .

Wednesday 4 April

Great excitement over a proposed trip to Holland for 12 students to help with the food situation and the starvation there. The demand happens to fall on to our group for various reasons, but there is great feeling among others. The result is no one thinks about helping the Dutch, but whether they can outwit their rivals in getting a place.

Tuesday 10 April

My name is down for Holland and we have been given our injections, but there seems little chance of going.

Thursday 12 April

A rush to London to get to the Hotel Grand Central at Marylebone to collect kit at 11 am. We were told a little about it by a Red Cross official—half Dutch—who had been out there and will go with us. We were provided with everything from toothbrush, hairbrush, comb, clasp-knife to underclothes, shirts, battledress, greatcoat, two pairs army boots, gasmask, tinhat, and haversack. We have Red Cross buttons and flashes.

At 2 pm Doll [Richard Doll] gave us the political and scientific dope. The hope is that the Germans get out of Holland *quick*—if so there will be 20-80 000 Dutch in the acute stages of starvation in the ring of cities south of the Zuider Zee that includes Amsterdam and Utrecht. They have been living on a 1000-calorie diet, which since February has been reduced to 400 calories. A thousand Belgian medical students have been co-opted already; it may be up to a fortnight before we go, if at all. Our job is relatively simple: we feed either by spoon or through the nose a solution containing casein hydrolysate (2.5%), carbohydrates (7.5%), and vitamins B and C for the first three days. This method of combating starvation is relatively new and experimental, so we must keep detailed records.

Wednesday 18 April

Got up especially early to watch the nightingales which sing on the hill opposite. They are most secretive but I got one or two excellent views. They have not started nesting yet. No news from Holland.

London WC1

ALEX PATON, MD, FRCP, postgraduate dean, North-east Thames region

Saturday 28 April

A dramatic 'phone call in the middle of a lecture on tuberculosis to say we had our marching orders, were to be at 5 Lowndes Street, the British Red Cross HQ, by 2 pm. Mad rush to collect kit. Dozens of students there already when we arrived and mountains of luggage. Passport and injection formalities, and then a talk from Lady Falmouth from which we learnt that we were going to Belsen. Farewell tea at Stuarts in Victoria and interviews with reporters. Then in trucks to Paddington soon after 5 pm for train to Cirencester. Papers already announcing that 100 students from nine London medical schools are being rushed to Germany.

It began to rain during the train journey and we got soaked disembarking. Buses took us to the camp where we were put into cold tin huts and given a hot meal. Rain changed to snow! Bedded down about midnight dead tired, none too comfortable, and apprehensive.

(We spent three frustrating days at the camp at Cirencester, even taking off from the airfield on one occasion only to turn back because of the unusual weather conditions. According to newspapers we were already in Germany.)

. . . but Belsen

Wednesday 2 May

Up at 3 am, and we were quickly off to the airfield in the dark which sounds promising. We got away in Dakotas at 7 30 and were soon over Europe, with increasing signs of the devastation of war. Landed at Celle about 11, full of troops and planes. Apparently three German planes were shot down over here this morning. Waited till 3 30 before our transport arrived to drive us to Belsen about 20 miles away. Roads shocking, crowds of Germans mainly women wheeling barrow loads of wood from a forest which appeared to have been destroyed. The huge, sprawling concentration camp, the size of London's Green Park, was recognisable by its never-ending iron railings. We were taken to a series of neat white stone huts that are to be our billets—a former Panzer training school. Sparsely furnished—no hot water, but basins in all the rooms. Evening meal in what was the luxurious officers' mess of the large administration building, with English pictures of hunting scenes on the walls and overlooking a lake. Served by Hungarians from a brigade left behind by the Germans to help clear up Belsen.

We met up with the students who have already arrived and had a conference after dinner, when we learnt something of the history of the place. There were something like 69 000 people in a camp designed for 3000 when it was liberated on 15 April, with deaths at the rate of 600 a day. Starvation, tuberculosis, typhus, and dysentery are the main problems. There are still about 27 000 inmates, but the death rate is down to 200 a day. SS guards, including women, are being used to remove the dead from the huts. Our main job will be to try and find those who are too weak to fend for themselves and to clean up the huts.

Thursday 3 May

Arrived at the camp, we lined up for DDT which was blown over us, especially into the hair. Then each pair of us was assigned one or two of the hundreds of huts that lined the road. It is impossible to describe the camp (fig 1). The whole area is a dusty waste pitted with dirty holes filled with rubbish and

discarded clothing. Crowds of pathetic scarecrows wander aimlessly about; others crouch over latrines which have been built in the open. Our hut was No 200—about 40 yards long and 10 wide with a small section at one end that must once have been a lavatory but is now a foul-smelling mass of dirt, water, and faeces. The stench in the hut made us retch. There were about 250 women, mostly lying on the floor—only a few have bunks—in rags with few adequate blankets. About 20 can walk, among them a girl called Dora whose parents, three sisters, and two brothers had been killed by the Germans, and who spoke French and showed us round, acting as interpreter.

The first thing was to check those we thought had typhus or tuberculosis because they will be moved out. But it was impossible not to notice bed sores, parotitis, and other septic conditions, but I managed to get some dressings and acriflavine. We tried to find them hot tea which they seem able to take, although they are frightened because they all have diarrhoea and, being unable to move, continually soil themselves. Everyone and everything is smeared with faeces. It is difficult to see that everyone is attended to. The noise is terrible, continual cries for help, but morale seems to rise noticeably when they realise we're "doctors," clutch at our sleeves as we pass, and show us all their ailments. We found only one woman dead.

After lunch four of us volunteered to help a fiery little Czech captain clean out three of the huts for use as hospital wards. We got one cleaned, creosoted, and sprayed with DDT and moved in double-tiered bunks with palisades. We even found some lilac to put on the tables. By 7 pm we had 40 patients in there (fig 2). I made five trips in the American ambulance to hut No 200 to choose suitable patients, who were taken to a field washing unit and after a bath—most have scabies and lice—were put into clean pyjamas, sprayed with DDT, and taken carefully back to the new hut.

Friday 4 May

We were at the camp by 8 am but that was not early enough for the captain, who was in a bad temper. I spent most of the day trying to get food from the cookhouses and supply offices, an almost superhuman task because things are not yet well organised. Besides gruel, soup, and tea we had to make up our



FIG 2—Bunks in "hospital" hut.

own glucose-vitamin mixture with hot water. We tried some protein hydrolysate mixed with glucose, but it was disgusting and no one would take it. We also got some biscuits and tins of American rations, each a meal in itself. But it is difficult to know what food is best—half the people won't take the gruel because it's so greasy, and everything is too sweet. Most people, however, took something, although they never seem to get enough, in spite of the almost instant diarrhoea feeding causes.

We have a few "nurses," who seem to be either ex-staff or prisoners who are reasonably fit. I took Dora round some of the huts to scrounge cups; and also made a trip to one of the men's huts for more beds recently made vacant by death. By the end of the day we had another hut started as a ward.

We heard this evening that the Germans opposing 21 Army Group at Kiel have surrendered. We were given our second typhus vaccine and told that it was 100% effective; we were also issued with German denims to use inside the camp. A lecture on typhus after dinner.

Saturday 5 May

Six people dead when we arrived, which is depressing and no better than the ordinary huts. By lunchtime we had the second hut complete with 76 patients in it, and three of us were left to look after it. Last night we made out a questionnaire to use for case histories, but so much of our time is spent feeding the patients. We got some medical supplies, cigarettes, chocolate, and a dozen tins of glucose from the Jewish rabbi who had discovered a cache—there seem to be enormous quantities of everything if only one can find them.

By the afternoon we had time to try and find out some of the patients' complaints, one of us who can speak a little German taking a rudimentary history. In the evening we did a round, giving out sulphathiazole and aspirin and doing various dressings. Most people are at least getting enough food and we take a firm hand with those who refuse, making them drink a cup of the "famine mixture" as though it were medicine. A new problem is that the better patients now want solid food and there is none. Just as we were leaving after a wearing day a crowd of Canadian airmen arrived with loads of wood and materials for stores which we had to unload.



FIG 1—Belsen 1945.

Sunday 6 May

Our two drivers produced a load of medical kit, most of which is in unintelligible German. I managed to get 20 tins of meat and some bread, which went down well. Our Czech captain rather spoilt it by asking if we were trying to kill off the patients, but most of them need solid food and there is much less diarrhoea, and even those with oedema are losing it rapidly. I have been put in charge of food distribution for the hospital huts and am now the butt of angry questions because there is never enough.

Only one death today but two more on the brink are being fed with the protein hydrolysate-glucose mixture by nasal tube. Many people have sore gums, but we have not yet been able to get hold of any vitamins.

Normality returning*Monday 7 May*

Things are gradually getting into a normal routine. We have got the nurses distributing the food, though they tend to pinch it for themselves and are continually asking for drugs. We have managed to get a makeshift history from each of the patients which is pinned to their bunks. It is still difficult not to be disheartened by the interminable cries for help, the appalling dirt and stench, and the deaths—three today—in spite of everything we do.

Tuesday 8 May

One of the patients, a skeleton who we had twice had to put back to bed after finding her crawling across the floor, died today. I managed to pass a Ryle's tube on a woman with gross starvation oedema and gave her a pint of protein hydrolysate-glucose via a drip: I am eagerly waiting to see what good it does. Gave an injection of leptazol (Cardiazol) to another patient who had almost passed on; the effect was miraculous—she sat up and drank half a pint of cocoa. She has a gangrenous hand that will have to be amputated if she survives. Another young girl called Doris who can speak a little English has cancrum oris. There is so much to do that we have to try not to be impatient at the time it takes to persuade patients to take food and medicines.

Had our first bath since we arrived in the sumptuous bathroom of the officers' mess, a suitable celebration of the end of the war. Followed by dinner with plenty of wine, and listening to the King's speech.

Wednesday 9 May

Although we have more and more hospital huts, food is now adequate. Soup and tea when we arrive, soup with meat and potatoes in it at midday, and something similar in early evening. We manage to supplement with bread and jam or biscuits and cheese. Very few people cannot eat now but oedema is on the increase, and we still have only the one drip apparatus. We were told that the death rate has fallen to 100 a day since we arrived, but I doubt if it is anything to do with us.

Thursday 10 May

The nurses are going down with oedema, and the woman we have been treating with protein hydrolysate now has ascites and looks as though she will die. A joint of meat arrived for the evening meal!

Friday 11 May

Down with diarrhoea like many others and had to take the morning off. Went to the camp in the afternoon but it was very

hot, and I felt distinctly uncomfortable. Yesterday's patient has died, which adds to my depression. Brigadier Glyn Hughes, who was one of the first to arrive at Belsen, gave us a talk this evening. All records had been destroyed, but it was estimated that 17 353 people died during March, and the dead lying around the camp when it was liberated represented a fortnight's total. In one hut there were 20 women in an area of 30 sq feet.

Saturday 12 May

Sweltering and dusty but luckily I feel much better. We acquired some clothes and shoes, and half the patients were able to get up and out of the hut.

Sunday 13 May

Now that things are stabilised—we are told the camp will be closed in another week—some of us are being transferred to the hospital in Camp 2 to help Janet Vaughan and Captain Mollison with their research on starvation. I started to make notes about the patients with oedema in our hut, and was then given the job of making up the protein hydrolysate in the cookhouse—a terrible business because it takes so long to dissolve. In the middle of the afternoon I took a body down by ambulance to the German hospital some way from the camp, where two of us did a necropsy. The patient had famine oedema and all the organs were appreciably atrophied, but there was an enormous abscess, probably tuberculous, occupying the whole right upper lobe. One of the medical officers said he thought there was no such thing as pure famine oedema.

Monday 14 May

Two blood transfusion units arrived at the hospital huts, and I was detached to help. They started right away, giving blood, plasma, glucose, and protein hydrolysate, but got rather a shock at the poor facilities—no night nurses, for instance, and patients so debilitated that they have no veins. They have also brought small quantities of penicillin.

We acquired a rather temperamental Opel car this evening which means that we can visit the camp without having to wait for transport. We have to move out of the mess, which is being turned into a hospital for evacuees from the camp, and are going under canvas near the lake. We are putting up barbed wire round the tents because there have already been raids on our kit by the local population.

Wednesday 16 May

By tomorrow all the huts are to be evacuated to the "mess hospital," each one to be kept as a unit with medical students and nurses. Already a number of the better women have walked out of the camp to join the thousands of displaced persons. Many of the students are now working in the German hospital where I did another necropsy this afternoon—pulmonary tuberculosis again.

Janet Vaughan gave a talk this evening about her work with protein hydrolysate which confirmed what we thought—that it does not work. She emphasised the value of milk, and other nutrition experts pointed out the danger of giving too much food too early. Starving patients do not require vitamins; it is only when they recover that signs of avitaminosis appear.

Camp evacuated*Friday 18 May*

Our hospital huts—about 700 patients—are the last to be moved from the camp. The inmates look incredibly happy,

cheered by a stove which makes the hut stuffy, and a wireless. I caught one of the young girls who has tuberculosis trying to dance in her bed to the music. We managed to get round with food and drugs before the move, which went like wildfire. Travelled up to the mess on the last ambulance and found utter chaos. A line of ambulances stretched 50 yards down the road. It was impossible to keep the patients from each hut together, though we have labelled those with tuberculosis so that they can be put in the two solaria. The building is known as the Round House—it is semicircular with a central hall that now holds 172 patients (some sight), and a corridor running round from either end with about eight rooms that hold 30 patients each. Others were accommodated upstairs, and I took eight Hungarians and cleared out the cellars in half an hour, but then found there were not enough beds. Eventually by 6.30 the operation was successfully completed and all patients bedded down. We could just make out a pall of smoke over the burning huts.

Saturday 19 May

We have each been allotted a group of patients to look after. I was given 13 but was so disgusted that I quickly acquired another 22. It is now more like a hospital with ward rounds by the medical officers and a chance to examine and treat. Two more necropsies this afternoon.

Like the patients we are always hungry because, although the cooking is excellent, food is still extremely short. We were issued with a bottle of whisky apiece today to make up for it.

Monday 21 May

One of our party has gone down with pneumonia, some say a complication of typhus, and there is a second wave of diarrhoea. Shocked to find our one Belgian patient dead when I arrived, but one of the other women who speaks quite good English and is well-educated has just been reunited with her husband who has travelled 300 miles to find her. Two of my women have identical mental changes, which seem to have followed typhus.

Wednesday 23 May

As most people are now improving it is an even greater shock when someone dies, especially a girl such as Doris who everyone loved. As we had suspected I found extensive military tuberculosis when I did the necropsy.

Two medical students have typhus but we hear are recovering.

Friday 25 May

We were shown a cutting from a London paper with a picture of one of our nurses from the hospital who was taken away some time ago by the military police. Described as "expert with cane and whip, whose cruelty earned her the title of the 'SS woman without uniform' from the other prisoners."

Saturday 26 May

Managed to scrounge some more clothes and shoes because most of the patients can now get up. Filled in army forms about their illnesses before we began to hand over, firstly, to British army nurses who began arriving in large numbers and then all over again to the 150 Belgian medical students who arrived yesterday.

Sunday 27 May

Our first real day of rest. Some people visited the Round House but I did not dare, and walked instead round the lake, seeing a white admiral and a pair of grey wagtails by the old mill wheel. Spent the day packing up and trying to collect some data from our case histories. In the evening we went up to have a last look at the camp, now deserted, and saw the incinerator for the first time, full of calcined bones.

Tuesday 29 May

All except 30 of us got away yesterday, and our turn came at 3.30 this afternoon. In the present heat it is odd to think that it was so bitterly cold when we left England an age ago. Landed at Croydon just before 8 pm with feelings that are too complicated to analyse at the moment.

Aftermath

One of our group developed typhus soon after our return, and on 19 June I was admitted with a fever of unknown origin, which was thought to be either typhoid or typhus, but was saved from the horrors of the fever hospital when sister noticed that I was turning yellow.

Photographs reproduced by permission of Imperial War Museum.

(Accepted 14 March 1981)

ONE HUNDRED YEARS AGO SIR,—Through the kindness of the present possessor of his ancestral family Bible, I am able to send you the following extracts from the fly-leaves thereof, which afford such independent testimony of the value of vaccination as is not likely to be obtained in the present day, for obvious sanitary reasons. The father of the family was a barrister living in London, and a Fellow of the Royal Society.

1. A daughter, born December 1794. "Inoculated for the small-pox in the spring of 1795 (favourable)." 2. A daughter, born June 1796. "Inoculated for the small-pox in the autumn following (favourable)." 3. A daughter, born December 1797. "Inoculated for the small-pox in the spring of 1798 (favourable)." 4. A son, born July 1799. "Inoculated for the small-pox in November following." 5. A son, born June 1801. "Inoculated for the cow-pox in December following (favourable). Inoculated for the small-pox for safety in November 1804; only the arm inflamed, and no fever." 6. A son, born November 1802. "Inoculated for the cow-pox in April following (favourable)." 7. A daughter, born November 1804. "February 1805. She was inoculated for the cow-pox, and had the disease very perfectly and favourably. September 1810. She was taken into the room where a child was ill of

the natural small-pox, and shook hands with her under the bedclothes, in addition to which she was inoculated; but no disease was communicated, though the arm inflamed." 8. A daughter, born March 1807. "June 1807. She was inoculated for the cow-pox, and had the disease very perfectly and favourably."—I am, sir, your obedient servant, CHARLES E HOAR, MD. (*British Medical Journal*, 1881.)

ONE HUNDRED YEARS AGO SIR,—Can any of your correspondents enlighten me on the following subject? Is tapeworm communicable by the use of cow's milk? Where I reside, there are a great number of Jews, who, of course, do not use swine's flesh in any form. Milk is used by the children. The flesh of the bullock (cows are not eaten) is carefully inspected according to the Jewish law; and, if any germs of the animal were in the muscular tissue, the subsequent mode of cooking would, I believe, be quite sufficient to kill them. Still, I have been consulted again and again for cases of tapeworm, and, with the assistance of oil of male fern, have been successful on many occasions.—I am, etc, FD. (*British Medical Journal*, 1881.)